

United States of America
Department of Transportation — Federal Aviation Administration
Supplemental Type Certificate

Number

SA7629SW 190-1164
WAS

This certificate, issued to Lyon Flying Service, Inc.
P.O. Box 726
Welsh, La. 70591-0726

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 8 of the Civil Air Regulations.

Original Product — Type Certificate Number: 1A16

Make: Schweizer

Model: G-164, G-164A, G-164B, G-164C, G-164D

Description of Type Design Change:

Installation of Lyon Flying Service Inc. Tail Wheel Conversion Kit 165 dated May 23, 1989, or later FAA approved revision.

Limitations and Conditions:

Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: May 25, 1989

Date issued:

Date of issuance: August 3, 1989

Date amended:



By direction of the Administrator
Joseph C. Watts
(Signature)
A. C. Caviness, Manager
Special Programs Office

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____